

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILE

Date Stamp

AUG 01 2005

REGISTRAR OF VOTERS

By *[Signature]*

Deputy

CALIFORNIA 200102 FORM 460

Page 1 of 77

COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2005

through 06/30/2005

Date of election if applicable:  
(Month, Day, Year)

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- ☒ Officeholder, Candidate Controlled Committee
- ☐ State Candidate Election Committee
- ☐ Recall
- (Also Complete Part 5)
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
- ☐ Controlled
- ☐ Sponsored
- (Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

**2. Type of Statement:**

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER

1265511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Pat Bates for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Betty Presley

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-19-05

Date

Executed on 7-20-05

Date

Executed on

Date

Executed on

Date

By *[Signature]*

Signature of Treasurer or Assistant Treasurer

By *[Signature]*

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia Bates

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board of Supervisors  
County of Orange

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Friends of Pat Bates - 2006

I.D. NUMBER

1263599

NAME OF TREASURER

Betty Presley

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2005 through 06/30/2005	CALIFORNIA FORM <b>460</b>
Page 3 of 77	I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 109,060.00	\$ 109,060.00
2. Loans Received ..... Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 109,060.00	\$ 110,060.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	100.00	100.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 109,160.00	\$ 110,160.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 64,914.39	\$ 64,914.39
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 64,914.39	\$ 64,914.39
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	5,692.71	13,968.56
10. Nonmonetary Adjustment ..... Schedule C, Line 3	100.00	100.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 70,707.10	\$ 78,982.95

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 274,725.05
13. Cash Receipts ..... Column A, Line 3 above	109,060.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	64,914.39
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 318,870.66

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 14,968.56

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>77</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER  
1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/28/2005	Blake P. Anderson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager  Orange County Sanitation District	200.00	200.00	P 06 200.00
02/28/2005	Patricia A. Aston [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	400.00	P 06 700.00
02/28/2005	Gary Capata [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA  Capata & Co	125.00	350.00	P 06 1,500.00
02/28/2005	Melody P. Carruth [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember  City of Laguna Hills	125.00	125.00	P 06 125.00
02/28/2005	Harry Cheshire [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	325.00	P 06 1,225.00
SUBTOTAL \$				850.00		

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 104,223.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 4,837.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 109,060.00

### \*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA</b> <b>FORM 460</b> Page <u>5</u> of <u>77</u>
I.D. NUMBER 1265511		

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/28/2005	William M. Crosby [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  William M. Crosby	125.00	125.00	P 06 125.00
02/28/2005	GPM Management Services Corp [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	250.00	P 06 500.00
02/28/2005	Tristan Krogius [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	300.00	P 06 600.00
02/28/2005	Loveton Pharmacy, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 325.00
02/28/2005	Janice C. Lowther [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				775.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>77</u> I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (AN. 1 DEC. )	PER ELECTION TO DATE (IF REQUIRED)
02/28/2005	Markstein Beverage Co [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 700.00
02/28/2005	Harold V. Nootbaar [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
02/28/2005	Forrest F. Owen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	825.00	P 06 825.00
02/28/2005	Paul Hamilton Professional Corp [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 06 300.00
02/28/2005	R. Hall Investment Properties [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	1,500.00	P 06 1,500.00
<b>SUBTOTALS</b>				1,000.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>77</u>
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NAME OF FILER Pat Bates for Supervisor	I.D. NUMBER 1265511
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (AN. 1 DEC. 3)	PER ELECTION TO DATE (IF REQUIRED)
02/28/2005	John Saunders [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Saunders Property Co.	125.00	975.00	P 06 1,075.00
02/28/2005	Diana V. Schlesinger [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	100.00	100.00	P 06 400.00
02/28/2005	Gary Thompson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ship Repair Dept of Navy	125.00	125.00	P 06 125.00
03/10/2005	Chris Alexander [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Sea West Properties	200.00	200.00	P 06 220.00
03/10/2005	Aqua Ben Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 500.00
<b>SUBTOTAL \$</b>				<b>750.00</b>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>		
through <u>06/30/2005</u>		Page <u>8</u> of <u>77</u>
		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Michael J. Bartlett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Blue Water Realty	125.00	375.00	P 06 375.00
03/10/2005	Bettencourt & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
03/10/2005	Brion May Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,500.00	P 06 1,500.00
03/10/2005	Robert L. Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Planner  Tax & Financial Group	125.00	125.00	P 06 125.00
03/10/2005	Peggy Ann Buff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec Assistant  County of Orange	125.00	125.00	P 06 125.00
<b>SUBTOTAL \$</b>				750.00		

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 (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
 FORM **460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	C.V.R. Inc./Thomas W. Hribar [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	175.00	P 06 175.00
03/10/2005	Carter-Burgess [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	P 06 1,400.00
03/10/2005	Coffee Importers [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
03/10/2005	Cofiroute Global Mobility, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	625.00	P 06 874.00
03/10/2005	Jeffrey Corless [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advisor  Castlerock Lending	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				1,975.00		

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>77</u>
I.D. NUMBER 1265511	

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Charles H. Cressman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Revenue Advantage Inc	125.00	125.00	P 06 125.00
03/10/2005	David A. Celestin & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 325.00
03/10/2005	Richard E. Dietmeier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	175.00	P 06 175.00
03/10/2005	DMJMH+N Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 400.00
03/10/2005	Donald E. Moe, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				825.00		

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
 FORM **460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Christine M. Ferrigno [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Acquisitions  Ferrigno Real Estate	200.00	200.00	P 06 200.00
03/10/2005	Karen Davis Ferlauto [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  County of Orange	125.00	125.00	P 06 225.00
03/10/2005	John V. Foley [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager  Moulton Niguel Water	200.00	200.00	P 06 200.00
03/10/2005	Government Solutions, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
03/10/2005	Rose Marie Gross [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager  Shelby's Car Alarms	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				850.00		

**\*Contributor Codes**

IND - Individual

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(other than PTY or SCC)

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Diane Harkey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman  City of Dana Point	1,400.00	1,500.00	P 06 1,500.00
03/10/2005	Maureen C. Hayes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  Parsons	200.00	200.00	P 06 200.00
03/10/2005	Susan W. Hinman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	125.00	P 06 125.00
03/10/2005	Inland Group Inc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 350.00
03/10/2005	Mary S. Jefferies [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Sales  Prudential	100.00	175.00	P 06 175.00
<b>SUBTOTAL \$</b>				2,025.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Harold R. Kaufman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Settlement Broker  EPS Settlements Group	200.00	200.00	P 06 500.00
03/10/2005	Steven E. Lamar [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Lobbyist  LegiSight, LLC	125.00	125.00	P 06 125.00
03/10/2005	Thomas Lund [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  Thomas Lund, DDS	200.00	200.00	P 06 500.00
03/10/2005	Kathleen Jones Maas [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	125.00	125.00	P 06 1,400.00
03/10/2005	Richard A. Mackaig [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				850.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	Page <u>14</u> of <u>77</u>	
through <u>06/30/2005</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Raghu Mathur [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chancellor  SOCCCD	125.00	125.00	P 06 125.00
03/10/2005	Michael Brandman Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
03/10/2005	Motorsports Industries [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  Motorsport Industries	125.00	125.00	P 06 125.00
03/10/2005	Pacific Entertainment Group, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
03/10/2005	Pacific Environmental Planning [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	225.00	P 06 225.00
<b>SUBTOTAL \$</b>				700.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
Page <u>15</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Nancy Padberg [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Admin Guardian County of Orange	200.00	325.00	P 06 325.00
03/10/2005	George J. Pagano [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Prudential CA Realty	125.00	375.00	P 06 875.00
03/10/2005	Elizabeth Pearson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Adworx	200.00	200.00	P 06 200.00
03/10/2005	Deborah Ann Peterson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mortgage Broker Deborah Courtney	125.00	125.00	P 06 125.00
03/10/2005	Frank Punelli [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Davis Punelli & Keathley	200.00	200.00	P 06 600.00
<b>SUBTOTAL \$</b>				<b>850.00</b>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Savala Construction Co, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 600.00
03/10/2005	Sepulveda Building Materials [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 475.00
03/10/2005	William G. Steiner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Hebrock Steiner McLaughlin Inc.	125.00	125.00	P 06 125.00
03/10/2005	Roy F. Stephenson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer  Berryman & Heniger	200.00	200.00	P 06 200.00
03/10/2005	Dorothy O. Wedel [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	125.00	P 06 125.00
<b>SUBTOTALS</b>				775.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>17</u> of <u>77</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/10/2005	Daniel T. Stetson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO  Ocean Institute	125.00	125.00	P 06 125.00
03/10/2005	Western Flooring Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 625.00
03/10/2005	John S. Williams [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee  SOCCCD	200.00	700.00	P 06 1,200.00
03/10/2005	Craig Zacuto [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  Beta Foster Care	125.00	125.00	P 06 125.00
03/11/2005	Human Performance Institute [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00

**SUBTOTAL \$**

775.00

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

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03/11/2005	Susan J. Pesavento [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Jewelry Designs by Susan	125.00	125.00	P 06 125.00
03/23/2005	Deloitte & Touche Partners CA Fund [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	350.00	P 06 350.00
03/23/2005	Family Honda [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	P 06 1,400.00
03/23/2005	Charlene Hatakeyama [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent  State Farm Insurance	125.00	125.00	P 06 125.00
03/23/2005	KPMG LLP [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	350.00	P 06 1,350.00

**SUBTOTAL \$**

2,350.00

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>19</u> of <u>77</u>
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NAME OF FILER Pat Bates for Supervisor	I.D. NUMBER 1265511
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Stephen J. Lendino [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Yellow Page Media	200.00	200.00	P 06 652.00
03/23/2005	M A Francis & Assoc, Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 300.00
03/23/2005	Ken Maddox [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Maddox Government Relations	100.00	150.00	P 06 150.00
03/23/2005	Larry A. Porter [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  Merrill Lynch Life Agency	250.00	250.00	P 06 250.00
03/23/2005	PriceWaterhouseCoopers [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-250.00	100.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
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Pat Bates for Supervisor

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03/23/2005	Reed L. Royalty [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Reed Royalty Public Relations	250.00	250.00	P 06 250.00
03/23/2005	Sheldon Public Relations [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
03/23/2005	C. Michael Stockstill [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  California Strategies	150.00	150.00	P 06 150.00
03/23/2005	United Agricultural PAC (#861050) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00
03/23/2005	Willows Investment Group, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	350.00	P 06 350.00
<b>SUBTOTAL \$</b>				875.00		

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**Schedule A (Continuation Sheet)**  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM <b>460</b>
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03/28/2005	PriceWaterhouseCoopers [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	100.00	P 06 1,500.00
04/15/2005	Griffin House [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
04/18/2005	Timothy Busch [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  The Busch Firm	100.00	100.00	P 06 1,500.00
04/18/2005	CA Business Properties Association PAC (#850288) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
04/18/2005	Cox Communications, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00

**SUBTOTAL \$** 1,550.00

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IND - Individual

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>22</u> of <u>77</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/18/2005	PacificCare [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00
04/18/2005	Tel Phil Enterprises, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
04/18/2005	The Family Action PAC (#1225424) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,250.00	P 06 1,500.00
04/18/2005	The Family Action PAC (#1225424) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-250.00	1,250.00	P 06 1,500.00
04/18/2005	Vandermost Consulting Services, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	198.00	P 06 598.00
<b>SUBTOTAL \$</b>				1,574.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>23</u> of <u>77</u>	I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/18/2005	Vandermost Consulting Services, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	198.00	P 06 598.00
05/06/2005	Madeline G. Anderson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	Michael J. Bartlett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Blue Water Realty	250.00	375.00	P 06 375.00
05/06/2005	Imogen Beattie [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	Joan C. Annes [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Annes & Associates	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				649.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>24</u> of <u>77</u>	I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Don Beaver [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 125.00
05/06/2005	Dave Black [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager  City of Orange	100.00	100.00	P 06 100.00
05/06/2005	Richard D. Brame [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	William Broza [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker  Washington Mutual Bank	350.00	350.00	P 06 1,500.00
05/06/2005	C.V.R. Inc./Thomas W. Hribar [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	175.00	P 06 175.00
<b>SUBTOTAL \$</b>				700.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
		Page <u>25</u> of <u>77</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Theodore J. Caliendo [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Theodore Caliendo MD	100.00	100.00	P 06 100.00
05/06/2005	Mark Chandik [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Financial Diligence Partners	500.00	500.00	P 06 500.00
05/06/2005	Lloyd Charton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	250.00	250.00	P 06 250.00
05/06/2005	Mark A. Cofano [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Information Officer  InvesData Systems	100.00	100.00	P 06 100.00
05/06/2005	Ed Conway [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  ERA Fine Homes	100.00	100.00	P 06 100.00

**SUBTOTAL \$** 1,050.00

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>26</u> of <u>77</u> I.D. NUMBER 1265511
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Bob Ferguson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Bob Ferguson-Independent	100.00	100.00	P 06 600.00
05/06/2005	Roy F. Dohner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	Jacques Gendreau [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Advisor  Jacques Gendreau Investments	100.00	100.00	P 06 100.00
05/06/2005	Earl D. Donaldson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	Patricia Fairbanks [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>27</u> of <u>77</u>
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NAME OF FILER Pat Bates for Supervisor	I.D. NUMBER 1265511
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Robert Gillies [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 200.00
05/06/2005	Elizabeth A. Hart [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	500.00	500.00	P 06 500.00
05/06/2005	Christine Hess [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Point Center Financial, Inc.	200.00	200.00	P 06 200.00
05/06/2005	Albert Iten [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 300.00
05/06/2005	Howard Communications [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				1,100.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
Page <u>28</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Michelle C. Johnson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  M. Johnson & Associates, Inc.	500.00	500.00	P 06 500.00
05/06/2005	Mary S. Jefferies [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Sales  Prudential	75.00	175.00	P 06 175.00
05/06/2005	Donna K. Kalez [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Proprietor  Dana Wharf Sport Fishing	250.00	250.00	P 06 250.00
05/06/2005	Carlos C. Kepner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Schleppy's	250.00	250.00	P 06 250.00
05/06/2005	Tristan Krogius [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	300.00	P 06 600.00
<b>SUBTOTAL \$</b>				1,175.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>29</u> of <u>77</u>	I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Tracy D. Lewis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	C. Richard Mac Nair [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	150.00	150.00	P 06 150.00
05/06/2005	Ken Maddox [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Maddox Government Relations	50.00	150.00	P 06 150.00
05/06/2005	Robert Donald McIntyre [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of R. Donald McIntyre	100.00	100.00	P 06 100.00
05/06/2005	Larry McKenney [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager  County of Orange	100.00	100.00	P 06 250.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>30</u> of <u>77</u>
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NAME OF FILER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Robert J. Miller [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	250.00	250.00	P 06 250.00
05/06/2005	Norman P. Murray [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	NAIOP PAC (#950520) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 1,250.00
05/06/2005	Robert S. Neprud [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Pointe Center Financial	100.00	100.00	P 06 100.00
05/06/2005	Paul J. O'Brien [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				800.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>31</u> of <u>77</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

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05/06/2005	Forrest F. Owen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	500.00	825.00	P 06 825.00
05/06/2005	Pacific Environmental Planning [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	225.00	P 06 225.00
05/06/2005	Tom F. Patty [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/06/2005	John Saunders [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Saunders Property Co.	100.00	975.00	P 06 1,075.00
05/06/2005	Marie A. Siegel [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Natural Sources, Inc.	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				900.00		

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SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>32</u> of <u>77</u>		I.D. NUMBER <u>1265511</u>

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Bruce I. Smith [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	50.00	125.00	P 06 125.00
05/06/2005	Julie L. Stevens [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Coldwell Banker	100.00	100.00	P 06 100.00
05/06/2005	Joseph P. Stewart [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	150.00	150.00	P 06 150.00
05/06/2005	The Kathy Barnum Agency, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	150.00	P 06 150.00
05/06/2005	Robert C. Theel [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Metro RCT, Inc.	150.00	150.00	P 06 150.00
<b>SUBTOTAL \$</b>				550.00		

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IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>33</u> of <u>77</u>	I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Gilbert G. Thibault [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Prudential	100.00	100.00	P 06 100.00
05/06/2005	Willows Investment Group, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	350.00	P 06 350.00
05/15/2005	Kathleen Blackburn [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/15/2005	Thomas Brabeck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  REMax	100.00	100.00	P 06 100.00
05/15/2005	Mary A. Crawl [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM <b>460</b> Page <u>34</u> of <u>77</u>
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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/15/2005	James L. Davy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Davy Associates	200.00	200.00	P 06 200.00
05/15/2005	Richard E. Dietmeier [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	50.00	175.00	P 06 175.00
05/15/2005	Margaret F. Harrison [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/15/2005	Heredia Industries [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 100.00
05/15/2005	Patricia B. MacDonald [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	300.00	P 06 300.00
<b>SUBTOTAL \$</b>				550.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>35</u> of <u>77</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/15/2005	Joanne C. Mays [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	50.00	100.00	P 06 100.00
05/15/2005	George J. Pagano [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker  Prudential CA Realty	250.00	375.00	P 06 875.00
05/15/2005	Guy Schmidt [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer  Guy Schmidt Inc	200.00	200.00	P 06 200.00
05/15/2005	Constance Scofield [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	P 06 100.00
05/15/2005	William J. Stevens [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				700.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>36</u> of <u>77</u>	I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/15/2005	The Kathy Barnum Agency, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	150.00	P 06 150.00
05/15/2005	Franklin D. Tucker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/15/2005	Judith Ware [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Madison Materials	500.00	500.00	P 06 500.00
05/18/2005	Glenn Peter Aga [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  IC Associates, LLC	200.00	200.00	P 06 200.00
05/18/2005	Applied Research Services [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 06 750.00
<b>SUBTOTAL \$</b>				1,600.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM <b>460</b> Page <u>37</u> of <u>77</u> I.D. NUMBER 1265511
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2005	Austin-Foust Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
05/18/2005	Robert T. Best [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	1,500.00	1,500.00	P 06 1,500.00
05/18/2005	Donald S. Clem [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Day Trader  Donald S. Clem	250.00	250.00	P 06 250.00
05/18/2005	Dana Island Beach House, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 1,500.00
05/18/2005	Hall & Foreman, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
<b>SUBTOTAL \$</b>				<b>4,500.00</b>		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
FORM **460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2005	Gary Capata [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA  Capata & Co	225.00	350.00	P 06 1,500.00
05/18/2005	Harry Cheshire [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	325.00	P 06 1,225.00
05/18/2005	GPM Management Services Corp [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	250.00	P 06 500.00
05/18/2005	Harrison & Holland, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 06 750.00
05/18/2005	Michael K. Hayde [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Western National Group	1,500.00	1,500.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				2,725.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b> Page <u>39</u> of <u>77</u>
NAME OF FILER Pat Bates for Supervisor		
		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2005	Mark D. Hulme [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate  Westar Realty	1,500.00	1,500.00	P 06 1,500.00
05/18/2005	Hunsaker & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,100.00	1,100.00	P 06 1,500.00
05/18/2005	James F. McConnell Attorney at Law [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
05/18/2005	JES Engineering Contractors, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
05/18/2005	Steven Kellenberg [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Planner  EDAW	750.00	750.00	P 06 750.00
<b>SUBTOTAL \$</b>				5,100.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
FORM 460

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2005	Peter J. Koetting [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Westar Realty	1,500.00	1,500.00	P 06 1,500.00
05/18/2005	T.D. McMahon [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Grubb & Ellis	200.00	200.00	P 06 350.00
05/18/2005	Susan K. Ming [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jefferies & Company, Inc.	200.00	200.00	P 06 200.00
05/18/2005	Theresa C. Morrison [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate William J. Cagney Trust	500.00	500.00	P 06 500.00
05/18/2005	OCB Reprographics [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
SUBTOTAL \$				3,900.00		

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FPPC Form 460 (January/05)

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>41</u> of <u>77</u>
I.D. NUMBER 1265511	

NAME OF FILER

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05/18/2005	Rainbow Disposal Co, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
05/18/2005	Robert R. Sinclair [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
05/18/2005	Donald E. Smith [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Planner  EDAW	750.00	750.00	P 06 750.00
05/18/2005	Tait & Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
05/18/2005	The Jasper Companies [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				4,100.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Pat Bates for Supervisor	I.D. NUMBER 1265511
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2005	Susan M. Trager [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Susan M. Trager	250.00	250.00	P 06 250.00
05/18/2005	Donna G. Varner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Perception Public Relations	125.00	125.00	P 06 125.00
05/18/2005	W. Paul Whitelock [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Re/Max Realty	200.00	200.00	P 06 200.00
06/02/2005	Michael Abdalla [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Michael Abdalla MD	500.00	500.00	P 06 500.00
06/02/2005	Adams Steel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
<b>SUBTOTAL \$</b>				1,325.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b> Page <u>43</u> of <u>77</u>
I.D. NUMBER 1265511	

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	BAS Brian A. Stirrat & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Brion May Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	1,500.00	P 06 1,500.00
06/02/2005	C J Segerstrom & sons [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Caltrop [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	CH2MHill Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
<b>SUBTOTAL \$</b>				6,000.00		

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	Fieldstead & Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Geo Syntec Consultants [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	Robert S. Iger [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Iger & Associates	250.00	250.00	P 06 250.00
06/02/2005	Iger & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	Katellaris Farm Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
<b>SUBTOTAL \$</b>				3,250.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM <b>460</b> Page <u>45</u> of <u>77</u> I.D. NUMBER 1265511
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	Kishin Khilnani [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer  Advanced Earth Sciences Inc	500.00	500.00	P 06 500.00
06/02/2005	Carollyn B. Lobell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Nossaman, Guthner, Knox & Elliott	250.00	250.00	P 06 250.00
06/02/2005	LSA Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	L. David Markley [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager  Goodrich Power Systems	250.00	250.00	P 06 250.00
06/02/2005	Maximus [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				2,750.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	Chester L. Noblett Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President  AccuPoll	250.00	250.00	P 06 250.00
06/02/2005	PCI Parking Concepts, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Philip L. Anthony Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 400.00
06/02/2005	R.M.C., Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	Ralph Allen & Partners, Architects [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
<b>SUBTOTAL \$</b>				2,500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>		
through <u>06/30/2005</u>		Page <u>47</u> of <u>77</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	Rick Goacher Planning Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Sapetto Group Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	John Saunders [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Saunders Property Co.	250.00	975.00	P 06 1,075.00
06/02/2005	Simplus Management Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	Southland Development Company Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 06 150.00
<b>SUBTOTAL \$</b>				<b>2,400.00</b>		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
 FORM **460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2005	Taormina Industries, LLC [REDACTED] [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/02/2005	Three Star Nursery Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/02/2005	John S. Williams [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee  SOCCCD	500.00	700.00	P 06 1,200.00
06/09/2005	Patricia A. Aston [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	400.00	P 06 700.00
06/09/2005	John Biggar [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				2,650.00		

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/09/2005	Birkeland & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 200.00
06/09/2005	Bristol Farms Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
06/09/2005	Gwen G Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	200.00	200.00	P 06 200.00
06/09/2005	Lillian Cox [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	125.00	P 06 125.00
06/09/2005	G Wayne Eggleston [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Appraiser  G Wayne Eggleston	125.00	125.00	P 06 125.00
<b>SUBTOTAL \$</b>				750.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/09/2005	Gabriel Ferrucci [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	1,500.00	1,500.00	P 06 1,500.00
06/09/2005	Robert Firks [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	P 06 200.00
06/09/2005	Susan Hart [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	125.00	125.00	P 06 125.00
06/09/2005	Jack C Hennings [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Jack Hennings	125.00	125.00	P 06 125.00
06/09/2005	Hodge & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
<b>SUBTOTAL \$</b>				2,075.00		

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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
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NAME OF FILER

Pat Bates for Supervisor

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06/09/2005	Laguna Board of Realtors [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
06/09/2005	Michael C Lowther [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	1,500.00	1,500.00	P 06 1,500.00
06/09/2005	Patricia B. MacDonald [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	300.00	P 06 300.00
06/09/2005	Minagar & Associates Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 06 200.00
06/09/2005	Nossaman Guthner Knox & Elliott [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				2,200.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/09/2005	Forrest F. Owen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	825.00	P 06 825.00
06/09/2005	Nancy Padberg [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Admin Guardian  County of Orange	125.00	325.00	P 06 325.00
06/09/2005	Ronald Perrella [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Consultant  Ron Perrella DRS	200.00	200.00	P 06 200.00
06/09/2005	S. T. Pestritto [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	125.00	P 06 125.00
06/09/2005	Rietsch Enterprises Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	P 06 125.00
<b>SUBTOTAL \$</b>				700.00		

**\*Contributor Codes**

IND - Individual

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 (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

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FORM **460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/09/2005	Donna Schwarm [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  OC Deputy District Attorney	200.00	200.00	P 06 200.00
06/15/2005	Art Judice Family Billiards, Inc. - Games Plus [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/15/2005	Louis Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  The Brutoco Companies	1,500.00	1,500.00	P 06 1,500.00
06/15/2005	Joan E. Burt [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Associated Realtors	100.00	100.00	P 06 100.00
06/15/2005	Ed Conway [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  ERA Fine Homes	150.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				3,450.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
FORM

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I.D. NUMBER

1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/15/2005	Hardy & Harper, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/15/2005	David L. Horowitz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Horowitz Management, Inc.	1,500.00	1,500.00	P 06 1,500.00
06/15/2005	Michael J. Kartsonis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Dynamic Fab, Inc.	100.00	100.00	P 06 100.00
06/15/2005	Gary R. Kurtz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	125.00	125.00	P 06 125.00
06/15/2005	John Saunders [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President.  Saunders Property Co.	500.00	975.00	P 06 1,075.00
SUBTOTAL \$				3,725.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	Page <u>55</u> of <u>77</u>	
through <u>06/30/2005</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/15/2005	Hans Sommer [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
06/15/2005	David Valentine [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist  SCOR Physical Therapy	100.00	100.00	P 06 100.00
06/15/2005	Vintage Marina [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/15/2005	William M. Crawford Co., Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 100.00
06/24/2005	Ed Conway [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  ERA Fine Homes	-150.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				1,650.00		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>
Page <u>56</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/29/2005	CA Healthcare Association PAC (#790773) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00
06/29/2005	Cofiroute Global Mobility, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	625.00	P 06 874.00
06/29/2005	DOC PAC/Orange County Medical Assoc PAC (#822271) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	1,250.00	P 06 1,500.00
06/29/2005	Doctor's Ambulance Service [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-25.00	100.00	P 06 1,500.00
06/29/2005	Doctor's Ambulance Service [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	100.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				1,950.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2005

through 06/30/2005

CALIFORNIA  
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**460**

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NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/29/2005	RBF Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 1,250.00
06/30/2005	BIA of Southern CA PAC (#741733) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/30/2005	Mark Bucher [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Mark Bucher	250.00	250.00	P 06 250.00
06/30/2005	Steven Bunge [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Mission 1 Funding	1,500.00	1,500.00	P 06 1,500.00
06/30/2005	CA Housing Council PAC (#746544) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				2,750.00		

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2005</u>	Page <u>58</u> of <u>77</u>	
through <u>06/30/2005</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2005	Capital Pacific Holdings Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/30/2005	Disney Worldwide Services Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/30/2005	Marcia Gabouy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	150.00	150.00	P 06 150.00
06/30/2005	Dan Harkey [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Pointe Center Financial	1,500.00	1,500.00	P 06 1,500.00
06/30/2005	John Paul Ledesma [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales  GI Tech Inc	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				3,500.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2005	Leighton Consulting Inc [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
06/30/2005	Linda Lindholm [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	1,500.00	1,500.00	P 06 1,500.00
06/30/2005	Makar Management LLC [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/30/2005	Joanne C. Mays [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	50.00	100.00	P 06 100.00
06/30/2005	North American Investments LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		175.00	175.00	P 06 175.00
<b>SUBTOTAL \$</b>				3,475.00		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2005	Alban Powell-Stern [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Marketing  Powell-Stern Marketing	500.00	500.00	P 06 500.00
06/30/2005	R. Hall Investment Properties [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,300.00	1,500.00	P 06 1,500.00
06/30/2005	Mario Rodriguez [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Johnathan Gray & Assoc	250.00	250.00	P 06 250.00
06/30/2005	S & S Construction Co [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
06/30/2005	Michael Schroeder [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Michael Schroeder Attorney at Law	500.00	500.00	P 06 500.00
SUBTOTAL \$				4,050.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b> Page <u>61</u> of <u>77</u>
NAME OF FILER Pat Bates for Supervisor		
		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2005	Sempra Energy [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 1,500.00
06/30/2005	Bruce I. Smith [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	75.00	125.00	P 06 125.00
06/30/2005	Robert J Walters [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  FMI	500.00	500.00	P 06 500.00
06/30/2005	Ronald Young [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	P 06 200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				875.00		

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 SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2005 through 06/30/2005	CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Bates ██████████ ██████████		\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 05/01/2004 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** PO6 1,000.00 \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00 \$	0.00 \$	1,000.00 \$	0.00			

(Enter (e) on  
Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
Page <u>63</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2005	Diane Harkey [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Dana Point	Event Catering Costs	100.00	1,500.00	P 06 1,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 100.00

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 100.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 100.00

\*Contributor Codes  
IND – individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2005	
through	06/30/2005	Page <u>64</u> of <u>77</u>
I.D. NUMBER		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arroyo Trabuco Golf Club [REDACTED] [REDACTED]	FND		8,275.85
Sergio Prince [REDACTED] [REDACTED]	CNS		5,000.00
Hennessey's Tavern [REDACTED] [REDACTED]	FND		1,387.39

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 14,663.24

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 64,830.47
2. Unitemized payments made this period of under \$100	\$ 83.92
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 64,914.39</b>



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2005	
through	06/30/2005	Page 65 of 77
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>OMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hennessey's Tavern ████████████████████ ████████████████████	FND		940.66
Paule Consulting, Inc. ████████████████████ ████████████████████	FND		602.17
Paule Consulting, Inc. ████████████████████ ████████████████████	CNS		1,720.11
Continuing the Republican Revolution (#598041) ████████████████████ ████████████████████	LIT	Slate Card	1,000.00
Betty Presley & Associates, Inc. ████████████████████ ████████████████████	OFC		400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 4,662.94

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2005	
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NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paule Consulting, Inc. [REDACTED] [REDACTED]	CNS		612.57
Sergio Prince [REDACTED] [REDACTED]	CNS		5,000.00
Aliso Viejo Republican Women Federated [REDACTED] [REDACTED]	PRT		150.00
The Monaco Group [REDACTED] [REDACTED]	FND		1,819.38
Gilliard Blanning Wysocki & Associates [REDACTED] [REDACTED]	LIT		21,678.64

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 29,260.59

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group [REDACTED] [REDACTED]	LIT		838.75
Diane Harkey [REDACTED] [REDACTED]	FND		811.93
Paule Consulting, Inc. [REDACTED] [REDACTED]	FND		2,593.93
Sergio Prince [REDACTED] [REDACTED]	CNS		5,000.00
The Monaco Group [REDACTED] [REDACTED]	LIT		382.09

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 9,626.70

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	06/30/2005	Page 68 of 77
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Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sergio Prince ████████████████████ ████████████████████	CNS			5,000.00
King's Fish House ████████████████████ ████████████████████	FND			1,367.00
Jeanette Krembas ████████████████████ ████████████████████	FND			250.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 6,617.00

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from 01/01/2005 through 06/30/2005		CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Arroyo Trabuco Golf Club [REDACTED] [REDACTED]	FND	8,275.85	0.00	8,275.85	0.00
Betty Presley & Associates, Inc. [REDACTED] [REDACTED]	PRO	0.00	200.00	0.00	200.00
Betty Presley & Associates, Inc. [REDACTED] [REDACTED]	PRO	0.00	625.00	0.00	625.00
<b>SUBTOTALS \$</b>		8,275.85 \$	825.00 \$	8,275.85 \$	825.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 13,968.56
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 8,275.85
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 5,692.71  
May be a negative number

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA FORM 460</b>  Page <u>70</u> of <u>77</u>
NAME OF FILER  Pat Bates for Supervisor		
		I.D. NUMBER  1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The St. Regis Monarch Beach [REDACTED] [REDACTED]	FND	0.00	4,763.35	0.00	4,763.35
Paule Consulting, Inc. [REDACTED] [REDACTED]	CNS	0.00	539.28	0.00	539.28
The Monaco Group [REDACTED] [REDACTED]	FND	0.00	559.88	0.00	559.88
Paule Consulting, Inc. [REDACTED] [REDACTED]	CNS	0.00	4,781.10	0.00	4,781.10
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>10,643.61 \$</b>	<b>0.00 \$</b>	<b>10,643.61</b>

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
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NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D:

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Paule Consulting, Inc. [REDACTED] [REDACTED]	FND	0.00	302.97	0.00	302.97
Betty Presley & Associates, Inc. [REDACTED] [REDACTED]	PRO	0.00	2,100.00	0.00	2,100.00
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>2,402.97 \$</b>	<b>0.00 \$</b>	<b>2,402.97</b>

**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

CALIFORNIA  
FORM**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

Statement covers period

from 01/01/2005

through 06/30/2005

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I.D. NUMBER  
1265511

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gilliard Blanning Wysocki &amp; Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group [REDACTED] [REDACTED]	LIT		21,678.64

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$** 21,678.64

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

Statement covers period

from 01/01/2005

through 06/30/2005

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I.D. NUMBER  
1265511

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Diane Harkey

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CostCo Wholesale [REDACTED] [REDACTED]	FND			324.32
Smart & Final [REDACTED] [REDACTED]	FND			141.67
US Postmaster [REDACTED] [REDACTED]	POS			138.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 604.74

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

### Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

**Statement covers period**

from 01/01/2005

through 06/30/2005**SCHEDULE G**CALIFORNIA  
FORM

460

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I.D. NUMBER

1265511

**SEE INSTRUCTIONS ON REVERSE**

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**Jeanette Krembas**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

**CMP** campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

**CVC** civic donations

**FIL** candidate filing/ballot fees

**FND** fundraising events

independent expenditure supporting/opposing others (explain)\*

**LEG** legal defense

**LIT** campaign literature and mailings

**MBR** member communications

**MTG** meetings and appearances

OFC office expenses

**PET**      petition circulating

**PHO** phone banks

**POL** · polling and survey research

**POS** postage, delivery and messenger services

**PRO** professional services (legal, accounting)

**PRT** print ads

**RAD** radio airtime and production costs

RFD returned contributions

**SAL** campaign workers' salaries

TEL. t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

**VOT** voter registration

**WEB** information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Attach additional information on appropriately labeled continuation sheets.**

**TOTAL\* \$** 250.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (January/05)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
Page <u>75</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR Paule Consulting, Inc.		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Paule Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Data Mart [REDACTED] [REDACTED]	FND		136.20
Kinko's [REDACTED] [REDACTED]	FND		675.90
Office Depot [REDACTED] [REDACTED]	FND		209.76
Paper.com Inc. [REDACTED] [REDACTED]	FND		310.03

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,331.89**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
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 to whole dollars.

SCHEDULE G

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		CALIFORNIA FORM <b>460</b>
Page <u>76</u> of <u>77</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Paule Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster [REDACTED] [REDACTED]	FND		1,042.29
Kinko's [REDACTED] [REDACTED]	FND		242.57

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,284.86**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>		SCHEDULE G <b>CALIFORNIA FORM 460</b>
		Page <u>77</u> of <u>77</u>
NAME OF AGENT OR INDEPENDENT CONTRACTOR The Monaco Group		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Monaco Group

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*

CVC civic donations  
FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster ██ ██	POS		394.00
US Postmaster ██ ██	LIT		8,750.00

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL \* \$ 9,144.00